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FTITION FOR	EXTENSION	OF TIME	UNDER 37	CFR 1.136(a	a)
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Docket Number (Optional)

EIIIIUN FOR EXTENSION OF I	IME UNDER 37 C	FR 1.130(a)	18558-17-1US			
In re Application of BOLDUC et al.						
	Application Number 10/616,727 Filed July 9, 2003					
For INTRAVASCULAR DEVICE AND METHOD OF MANUFACTURE AND USE						
	Group Art Unit 3726	Examiner Jermie E. Cozart				
This is a request under the provision reply in the above identified applica		a) to extend the peri	iod for filing a			
The requested extension and appropriate non-small-entity fee are as follows						
(check time period desired): One month (37 CFR	1.17(a)(1))		\$110			
☐ Two months (37 CFR 1.17(a)(2))			\$			
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Four months (37 CFR 1.17(a)(4))			\$ \$			
Five months (37 CFI			\$ · · · · · ·			
Applicant claims small entity		R 1.27. Therefore 1	·			
above is reduced by one-half, and the resulting fee is: \$ 55. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-1247. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1247. I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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July 26, 2004		1/1/	Standura			
Date / Signature / Jens E. Hoekendijk						
00000006 501247 10616727			Reg. No.: 37,149			
5.00 DA			ped or printed name			
OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple orms if more than one signature is required, see below*.						
*Total of forms are submitted.						

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.